

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043698

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 145

VS 300  
Rev. 4/59

1 0822

2 0821

3 2

4 0

5 1

6

7 0

8 0

9 422.1

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH NOV 16 1962

a. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Louisiana

Length of stay in 1b  
3 1/2 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Pike County Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Pike

c. CITY OR TOWN Bowling Green

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
East Main

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
HARRY HERBERT LANGFORD

4. DATE OF DEATH  
Month Day Year  
November 9, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
3-26-87

9. AGE (last birthday)  
75

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
U.S. Postal Service

10b. KIND OF BUSINESS OR INDUSTRY  
Maintenance

11. BIRTHPLACE (City and state or country)  
Pike County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Henry Langford

13b. MOTHER'S MAIDEN NAME

Laura Humphrey

14. NAME OF HUSBAND OR WIFE

Nell Mae Langford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Mrs. Sam Thompson, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cellulose embolism  
Arteriosclerotic Cordo Cerebralis  
Decubitus Ulcer  
3 hrs  
5 yrs  
3 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT - SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-28-62 to 11-9-62 and last saw him alive on 11-9-62  
Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Chas H. Llewellyn M.D.

22b. ADDRESS

Louisiana, Mo

22c. DATE SIGNED

11/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
11-12-62

23c. NAME OF CEMETERY OR CREMATORY  
Bowling Green

23d. LOCATION (City, town, or county)  
Bowling Green, Pike, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Harold Kirks, Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 13, 1962

26. REGISTRAR'S SIGNATURE

Bernice Collins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 28 1962

DEC 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.